

MARGINAL VOICES

Marginal Voices in Literature and Society

Individual and Society
in the Mediterranean Muslim World

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Medical Conditions in Egyptian Prisons in the Nineteenth Century

In 1864, while visiting one of the local prisons on a regular tour of his provinces in Upper Egypt, Fāzil Pasha, Inspector-General of the Southern Provinces (mufattish qibli) discovered a married couple with what was a rather strange story. One day, while the wife, 'Ā'isha, was carrying her young son, Muḥammad, on her shoulder, she had a fight with one of her neighbours, Ahmad Qāsim, who slapped her hard on her face. As a result, her son fell and died. She and her husband immediately went to the police station and also brought their case in front of the local shari'a court. In court, the couple could not prove their case and instead of convicting Qāsim, they ended up being detained in the local jail for over a year. It was during their long detention period while waiting for their case to be reviewed by the police force that Fāzil Pasha discovered them. Fāzil then reported the case to Ismā'il Pasha who had ascended to the governorship of Egypt the year before. On hearing of the case, Ismā'il immediately ordered the release of the couple and reiterated earlier decrees of the need to review prisoners' cases promptly and to check prisons on a regular basis.

The reason for starting this article with what might, at first sight, strike one as an untypical case is to argue that, far from being strange, this case illustrates the fate of many people detained in Egyptian prisons in the nineteenth century. As shown below, imprisonment was gradually replacing caning and flogging as the prime means of punishment throughout the nineteenth century. As a result, the prison population was expanding at a rate

that caused serious logistical and health problems for the authorities. To illustrate these problems, what follows is a brief account of how one set of problems, namely, the conditions of general health and hygiene of prisons is highlighted. The attempt is to draw a picture, hazy as it would necessarily be, given the nature of our sources, of daily life in Egyptian prisons in the nineteenth century as well as to try to piece together what the general state policy regarding prisons and penal punishment in general might have been.

The second reason for starting with the case of 'Ā'isha and her husband is to point out an uncanny correspondence between their treatment by the police and the way that Egyptian social history is written. For the manner in which 'Ā'isha and her husband have been treated by the authorities, being left to rot in jail for over a year when, in fact, they had gone to the police station hoping to punish their neighbour who had caused them grave harm, this manner in which the state initially appeared to be oblivious of their very existence, reflects the way in which the history of nineteenth-century Egypt has been traditionally written. In this history, only great events are featured: e.g. the short-lived but tumultuous invasion by Bonaparte and his troops, the "glorious" expansion of Egyptian troops under Muhammad 'Ali, the opening of the Suez Canal, the bombardment of Alexandria and the ensuing British occupation in 1882, etc. Nowhere in these accounts is one given an account of how quotidian life as experienced by Arabic-speaking non-*élite* members in Egyptian society, the majority of whom were illiterate, how this life was affected by these "great" events. Our history books lack any detailed account of how average Cairenes interacted with Bonaparte's soldiers, how the *fallah* soldiers in Muhammad 'Ali's army understood, reacted to or resisted his mighty military machine, how those thousands of poor peasants who dug the Suez Canal with their bare hands managed to accomplish this mammoth task at a huge cost paid only too often with their blood, showing the social, as opposed to the political, economic or intellectual repercussions of British occupation. In other words, the social history of nineteenth-century Egypt is yet to be written, a history in which the average Egyptian, dismissed too often as marginal and insignificant, would feature not in a marginal anecdotal manner but a history in which s/he would occupy central stage.

This study offers a very modest attempt to describe health conditions in Egyptian prisons in the nineteenth century. As such, it deals with people who are doubly marginalised: as prisoners, they have been denied their freedom and, as the sick, they have been robbed of their health. Besides attempting, even very tentatively, to describe prison hygienic conditions, this study also attempts to bring together two important tools that the modern state had increasing recourse to during the nineteenth century, namely, law and medicine. In spite of the various intersections between these two pillars of modernity, e.g. in the development of forensic medicine or in the rise of a new

professional middle class in Egypt, these two disciplines have usually been studied separately. Moreover, most studies on the legal or medical history of Egypt in the nineteenth century highlight how these two important disciplines and professions proved to be crucial for the ongoing saga of modernisation and "Enlightenment". What is usually featured in such accounts are different incidents concerning the inauguration of benevolent institutions (e.g. hospitals, courts), the creation of new professional *élites* (doctors and lawyers) and the formulation of European-inspired legal and health codes, the aim of which was to improve the well-being of the population and which had a positive impact on the daily lives of average non-*élite* members of Egyptian society.

Behind this impressive series of evolutionary benevolent reforms, one often finds the unmistakable hand of a Muhammad 'Ali, a Clot Bey, a Tahtāwī or a Lord Cromer. In an interview with one of his numerous British visitors, for example, Muhammad 'Ali is reported to have once said:

I have much to learn, and so have my people; and am now sending... fifteen young men to learn what your country can teach. They must see with their own eyes... they must discover how and why you are superior to us; and when they have been among your people a sufficient time, they must come home and instruct my people.¹

Here, the Pasha reveals himself as the great lonely reformer, little understood by his own people but who is, nevertheless, determined to push his country into the "modern age" and to open the eyes of his people to the wonders of contemporary European civilisation. On his part, Dr. Clot, Muhammad 'Ali's chief physician and the founder of the modern medical establishment, was in no doubt that the "sudden, abrupt and spontaneous" appearance of "civilization in the East... has not proceeded from the mass of the people... [Rather, it was the result of a] grand accidental cause... [which] appears to us [to be]... the expedition of the French in Egypt."²

On the other hand, the British Dr. Sandwith who, in 1884, became co-director of the newly formed Sanitary Department, conceded that the "earliest triumphs of the art of healing were celebrated in Egypt". He hastens to add, however, that "the most remarkable thing about Egyptian medicine of that day was its non-progressive character... The learned Egyptian was above all things a scribe... but the Greek physician, on the contrary, was a man of speech and argument."³ Having effectively denied any agency to the ancient Egyptian physician and reduced him to a mere scribe copying and preserving other people's science, Sandwith then gives a brief survey of the development of Arabic medical knowledge throughout the Middle Ages. When he reaches the modern period, he applauds the efforts of Clot Bey in "restoring to Egypt the modern fruits of that knowledge which was, for so many years, almost a

monopoly in the famous cities of Memphis, Heliopolis and Alexandria".⁴ But again, in his attempts to spread modern medical knowledge among the, by then, dormant and passive society:

Clot Bey had everyone against him except the great reformer, Muhammad 'Ali himself. Shaykhs, Ulemas, parents, officers of the army and the navy all agreed that it was useless to try to turn Egyptians into doctors. In spite of public opinion, court intrigues, and the passive resistance to novelty which is an outcome of generations of blind ignorance, it is wonderful how much Clot Bey succeeded in accomplishing.⁵

If Dr. Sandwith felt obliged to refer to the previous services of the Frenchman Clot Bey in founding the modern medical services in Egypt, his compatriot, Lord Cromer, had no doubt that the reforms which the British instituted in Egypt after the 1882 takeover were unprecedented.

On the whole, although of course much remains to be done, it may be said that, insofar as medical instruction and organization, veterinary administration and the proper maintenance of hospitals, dispensaries and lunatic asylums are concerned, an amount of progress has been realized which is as great as could be reasonably expected. The very capable Englishmen who have devoted their energies to the making of this department... have at all events succeeded in introducing the first commonplace elements of Western order and civilization into the country.⁶

But, again, this was met with strong resistance from the natives. This resistance, however, "was powerless to arrest the progress of medical instruction. With characteristic Anglo-Saxon energy, the Englishman set to work to make the Egyptian 'un médecin malgré lui'".⁷

On their part, the young Egyptian doctors who were the first graduates of the Qasr al-'Ayni hospital insisted that the beginning of modern medical science in Egypt was due to the energetic efforts of Muhammad 'Ali. Ahmad al-Rashidi, who was sent to France in 1832 to finish his medical education after having started it in the newly-founded medical school of Qasr al-'Ayni, wrote, after coming back to Egypt, that "medical science had all but disappeared from Egypt... and was practiced by all kinds of quacks who... did not understand anything about medicine, its rules or its foundations... [This continued to be the case] until God sent us the greatest reformer on earth... Mehmed Ali... who was determined to resurrect this science by opening medical schools".⁸

Nowhere in this story of "reform" and "modernisation" does one see the actual impact of such measures on the daily life of the Egyptians or how they

reacted to these new medical developments, developments - it should be added - that, by their very nature, entailed a close scrutiny of their bodies and a deeper encroachment of the state on daily life. With regard to the intricate topic of the Egyptian prison medical service, a similar story could be told of the evolution of benevolent institutions that were underpinned by the belief in progress and rationality, spearheaded by the diligent efforts of one or other determined reformer, such a story would typically miss out on what people thought of these reforms. Such a story could start, for example, by contrasting the following two moments representing how "science" and "reason" came to replace "superstition" and "tyranny" in nineteenth-century Egypt. The first moment could be taken to be the order issued by Muhammad 'Ali in 1843 to the Deputy of the *Shi'ra al-Mu'awana*, the chief administrative body:

Due to the arrival, lately, of a number of men from Russia who intend to undertake some experiments related to the plague which would entail clothing some healthy people with clothes of those who were infected... and since it is certain that no one would approve [voluntarily] of doing this experiment, it has been decided to choose some convicts in the *liman* [the largest prison in Egypt located in Abu Qir near Alexandria] for this experiment which is beneficial for mankind.⁹

Contrasted with this incident in which prisoners were treated as guinea pigs with no control over their own bodies, the following incident could be read as representing the "progress" covered by the Egyptian prison system during the nineteenth century. This second incident was the issuing by Khedive Tawfiq nearly forty years later (12 March 1885) of new prison regulations which included a separate chapter on medical services within prisons.¹⁰ Article 36 of this Khedival decree stipulated that:

Le médecin chargé du service de la prison visite tous les deux jours les détenus et journellement, le matin, ceux qui sont inscrits comme étant malades ; il se rend aussi à la prison chaque fois qu'il est appelé par le directeur, il inspecte chaque lundi l'établissement dans toutes ses parties afin de s'assurer que toutes les mesures et précautions prescrites dans l'intérêt de l'hygiène et la salubrité sont observées.¹¹

The decree proceeds to give further details about the regular inspection of food issued to the prisoners, the sick in prisons and where to send them as well as the responsibilities of the various local hospitals in treating them.

Although the period between these two moments could be filled with further decrees and regulations to highlight how these were important stopping points along the illustrious march of scientific progress, this present study offers an alternative narrative of the history of medical history and its intersection with legal developments in nineteenth-century Egypt. By reliving

on a theoretical framework derived from the work of Michel Foucault, it insists on linking medical knowledge to power and its manifestations. Accordingly, although one of the main points of this study is to argue that Egypt did not witness the development of an independent professional medical service in the prisons as had been the case, for example, in the nineteenth century in Britain.¹² Nevertheless, Egyptian prisons did witness significant medical reforms that makes it worthy of extended detailed research, more than could be offered in the limited space of this particular study. This work specifically aims at raising the crucial question of whether these medical reforms in nineteenth-century Egyptian prisons were intended to ameliorate the health of prisoners and had their well-being in mind or whether they represented yet another example of the authorities' attempt to extend their control over more and more segments of the population and to render Egyptian society into an individualised, normalised and highly manipulated one. To anticipate the conclusion of this study, what is argued below is that these attempts could not be seen as the result of rational progress and the triumph of reason; rather, they were linked to the impressive process undertaken by Muḥammad 'Alī and his successors at instituting an efficient, productive and disciplinary society in Egypt. For, as a result of their efforts to carve out Egypt as a semi-independent realm for themselves within the Ottoman Empire, the Khedives succeeded in creating and consolidating a multiplicity of institutions that subjected increasing numbers of Egyptians to a rigorous process of surveillance and normalisation. In their attempt to cast themselves off from what they saw as a defunct Ottoman Empire and seeing what differentiated Egypt from Europe to be nothing but a "gap" to be filled, the Khedives and their numerous advisors were convinced that to "catch up with the West", Egypt's "productivity" should be maximised. It was the centrality of this idea of productivity that informed their policies of public health in general and shaped their prison medical reforms in particular. Underlying all their "modernisation" efforts was a near-Benthamite abhorrence of waste and a belief that idleness was the root of society's problems.

Prisons and their conditions

There was no single administrative authority in Egypt in the nineteenth century that was in charge of prisons. Rather, the various prisons and places of confinement that were erected throughout the country each belonged to a separate bureaucratic agency. At the top of the prison hierarchy and occupying what was a truly convict prison (as opposed to local prisons catering to short sentences) was the infamous *limān* of Abū Qīr, close to Alexandria. This was certainly the most important prison in the land and was reserved for the most serious criminals; the various penal codes (the *Qānūn al-Filāḥa* of 1829, *al-*

Qānūn al-Muntakhab of 1843 and *al-Qānūn al-Sulṭānī* of 1851) all reserved the *limān* for those prisoners receiving the longest sentences. Due to its intimate connection to the Arsenal Works of Alexandria, it seems that the Director of the Arsenal was in charge of the prison there since there was an order from Muḥammad 'Alī to this official to oversee the condition of the prison and to execute the harshest sentences on the officers who proved to be negligent in guarding the prisoners.¹³

In Cairo, there seems to have been numerous prisons and other buildings that were used for interning convicted criminals, although these buildings were not used exclusively as prisons. The main one was the Citadel Prison, *Hubūs al-qal'a*, which seems to have been reserved for those suspects arraigned for serious crimes while their cases were pending in front of *Majlis Miṣr* (the judicial body dealing with criminal and civil cases in Cairo).¹⁴ The main hard labor prison in Cairo was initially the iron workshop, the *dimirhane* in Būlāq.¹⁵ This seems to have been replaced later by the railway workshop, *al-Wābūrāt wa'l-'Amaliyāt*, also in Būlāq. The main jail reserved for suspects arraigned while their cases were being viewed by the Cairo Police was located in the police headquarters itself, *Zabṭiyyat Miṣr*, in Azbakiyya, in addition to the numerous police stations (*qarā-qils*) of the ten "quarters" (*athmān*, literally "eighths") of the city. Furthermore, the Cairo Shari'a Court, *Maḥkamat Miṣr al-Shar'iyya*, had a small jail for detaining men and women for less than twenty-four hours.¹⁶ Finally, women were interned, both before and after conviction, in the *iplihane*, the textile workshop in Būlāq.¹⁷

Given the multiplicity of imprisonment places in Cairo itself, let alone in the country at large, it proved very difficult to put all these prisons under the supervision of any single authority. Accordingly, there were no standardised regulations for the officials running these prisons to abide by. Nevertheless, some general points could be said regarding the health conditions of jails and prisons.

With the possible exception of the *limān* of Abū Qīr, all prisons did not occupy buildings that had been originally built with the intention of interning criminals. Rather, it was customary for orders to be issued to convert some old structures or to reserve a section of a government building for prison use. For example, when it was discovered during Sa'id's reign (1854-1863) that women were kept in a jail very close to that of the men in *Zabṭiyyat Miṣr* (the Cairo police headquarters), the Municipality of Cairo wrote to the Khedive requesting permission to rent a nearby house at the cost of 50-75 piasters a month and to hire a literate male jailer (*sajjān*) at a monthly salary of 150 piasters.¹⁸ During the same time, there were also repeated concerns about the proximity of one of the jails in Cairo to the main safe of the Treasury Department (*Khazīnat al-Mālīyya*); soon after Ismā'il's accession, the jail was

relocated to a disused stable to the south of al-Ghūri Mosque.¹⁹

Since these new buildings had not originally been built as prisons, they proved inadequate for their new uses and there were numerous reports issued by civilian health inspectors who would occasionally visit these places highlighting the alarming health conditions inside. As early as the 1820s when the iron workshop, the *dimirhāne*, was still being used as a prison, complaints were heard of the dangerous health conditions there. For example, a certain *fallāh*, 'Abd al-Rahmān 'Abd al-Rahīm, who had been imprisoned there for nine months on a theft charge, presented a petition requesting his release mentioning that there was no one tending his fallow land in Sammalūt in Upper Egypt. On investigating his case, it was discovered that he had contracted syphilis six months after his internment there, a disease which made him incapable of work in the foundry. This, together with fear of spreading the disease further, provided the reasons for his release.²⁰ When the health officer in charge of the cleanliness of Cairo, *ma'mūr diwān taftish sihhah al-mahrūsa*, visited the jail of the Cairo Citadel in March 1851, he found the whole place "in such a bad state that causes serious harm to health". Although he recommended that the whole place be completely rebuilt, he realised that this would entail considerable expenses and therefore he suggested some minor alterations such as the building of latrines, whitewashing the walls and giving inmates wooden beds to sleep on instead of leaving them to sleep on the floor which might cause them serious ill health.²¹ After his rounds of the jail of the Cairo Police headquarters, *hubūs al-zābīḥāne*, the same official wrote a damning report saying that he found such "a huge pile of stinking rubbish that is extremely nauseating and which could lead, God forbid, to infectious diseases. This in a place that should be an example of cleanliness."²² Eight years later, the same place was checked by a doctor who had been especially dispatched for that purpose from the Civilian Hospital in Azbakiyya. His report was equally damning mentioning how small the place was and that the prisoners were piled on top of each other (*mutarākīm bihi al-ashkhās*) and that it lacked proper ventilation. He recommended building larger cells (*hawāsīt*) where "prisoners would not be piled on top of each other as is currently the case, something that would necessarily cause them considerable harm".²³

With regard to the manner by which inmates were physically kept in their cells, it is not clear if they were always tied with iron chains. During Muḥammad 'Alī's reign, there are some references to chains being used to tie more than one prisoner at a time by their necks and their feet.²⁴ It seems that workers in the "factories" were also occasionally tied with chains, apparently as an extra punishment, given that most of these workers were pressed into service by force and rarely did they volunteer to serve in the Pasha's "industrial" establishments.²⁵ During jail delivery or when moving prisoners

from jail to jail, prisoners were tied by wooden manacles around their hands and iron chains around their necks.²⁶ With regard to the army, although the training manuals and military legal codes did not stipulate the use of chains to tie prisoners,²⁷ officers occasionally put their soldiers in shackles after beating them in the army jail.²⁸ In relation to prisoners who were sent to the hospital for treatment, the practice was to tie them with iron chains; Clot Bey, however, succeeded in convincing the *Majlis al-Aḥkām* (the highest legal body in the land which also had some administrative functions) to allow those afflicted with "heavy diseases" to be unchained, while keeping those with "light diseases" tied to their shackles.²⁹

Diet was another area in which the record of Egyptian prisons was not particularly illustrious or edifying although it does not seem to have ever become as "Benthamite" as the contemporary British one which was guided as it was by the attempt "to quantify... a just measure of pain to the nearest micro-ounce without compromising prison discipline".³⁰ As a rule, prisoners were responsible for feeding themselves. The police records abound with cases of prisoners who were fed regularly by their friends or families during occasional visits³¹ or from money deducted from their belongings which the police had confiscated upon their detention.³² As for those destitute criminals who had been convicted but who could not support themselves while in prison, Article 17 of chapter 3 of *al-Qānūn al-Sultānī*, the main penal code in practice during the period 1850-1880, stipulated that these would be fed by the government "within reasonable limits". The daily ration seems to have been no more than three loaves of bread.³³ Supplying water to the Cairo jails was also not free of problems³⁴ after the water-carriers had been forbidden from drawing water directly from the Nile or from the Khaliḡ, the main waterway that bisected the city, and after special fountains (*ḥanaḡfiyāt*) had been built, the water-carriers guild raised the fee of supplying water; authorities had no option but to agree to the higher rates.³⁵

From what has been said so far, it does not seem that Egyptian prisons were particularly healthy places. The image that one gets from the disjointed reports drafted by the different health officials who occasionally visited such miserable places is one of dank, dark, airless places where unhealthy prisoners suffering from malnutrition, hard labour and unsanitary conditions were interned. Although health officials, penal legislators and prison managers in Egypt never formulated a consistent self-confident policy to justify and perpetuate such miserable conditions as their British contemporaries had done, with their principle of "less eligibility" or with such an institution of unproductive, wasteful punitive device as the treadmill, Egyptian prisons, nevertheless, were not necessarily pleasant places to spend one's sentence in.

Given this bad situation, there were numerous orders issued by the

Khedives (mostly by Ismā'īl) and their senior officials to improve the health conditions of prisons. As early as 1834 and as a result of various petitions presented by prisoners complaining of long detention periods without being sentenced, Muḥammad 'Alī issued a general decree to his provincial governors telling them to deal with the cases in front of them promptly and with no delay.³⁶ In 1849 when the same problem continued to come to the attention of various officials, the newly-formed Privy Council, the *Majlis al-Khuṣūṣī*, reiterated Muḥammad 'Alī's previous order. In the words of the Council:

Since detaining prisoners for long periods without them being questioned causes them harm and since dealing with every person according to his crime is only just, then delaying their detention periods unnecessarily while they might be the providers of their families and, accordingly, their dependants might fall into destitution and misery and some of [those detained] might die as a result of being so firmly tied to hardship, as a result of all this, the Majlis has thereto ordered all provincial governors to check those detained in the cells [*hawāṣil*] within their provinces regularly and during heavy loads of work, at least once a week, and they should deal with their cases promptly.³⁷

One month later, the *Majlis al-Ahkām* endorsed this recommendation of the Privy Council and a general order to the same effect was issued to all provincial governors.³⁸ The following year, another order was issued from the *Majlis al-Ahkām* in the same spirit; it specified that provincial prisons should be checked at least once a fortnight.³⁹

Nevertheless, the records show that many prisoners continued to present petitions, complaining of their being detained for long periods without their cases being looked into. Most of the preserved petitions are from the *Zabṭīyya* of Cairo which suggests that this was a complaint expressed all over Egypt since it is difficult to imagine provincial prisons being more "relaxed" about bringing their detainees to trial than the Cairo ones.⁴⁰ Confronted by repeated complaints from the detainees and the filthy conditions of their detention places, Khedive Sa'id convened a special committee to investigate the conditions of Cairo prisons. Its findings were damning for the Cairo Police Prefect, Husayn Fahmī, who was found to be particularly negligent about the condition of his prisons and whom the Khedive promptly sacked, asking him to "rest at home as punishment for yourself and as an example for others".⁴¹

It was during the Khedive Ismā'īl period, however, when health conditions of prison and of prisoners received the closest attention. Soon after his being named governor of Egypt, Khedive Ismā'īl issued an order "to remove all factors that might be harmful to the health of prisoners, to clean all

prisons and to renovate and rebuild all [prison buildings] that need repair in order for such buildings to have clean, healthy air".⁴² When he heard that, as a result of this order, all prisoners were body-searched on being detained and when they were found to have any money on them, it would be confiscated, he inquired about the reason for this. He was answered that these measures were needed for the benefit of the prisoners since many of those imprisoned would lose their money once they were detained with thieves and other serious criminals. He was appalled to receive such an answer and he immediately issued a decree to stop this practice at once and to segregate prisoners according to the nature of crime that they had committed: murderers, thieves, debtors and those detained pending the review of their cases in front of the respective tribunals: all should be kept separately. He added that all prisons should be built according to health standards with the well-being of the prisoners in mind and if that necessitated building or renovating prisons, he would then approve any expenses that this would entail.⁴³ Soon afterwards, many provincial governors wrote back, saying that they had checked the prisons in their provinces and requested considerable amounts to renovate them and reconstruct them along healthy lines.⁴⁴ When it was reported that the debtors' prison was overcrowded and that many prisoners had their families suffering outside and that they themselves were increasingly falling ill, the Privy Council issued a ruling that creditors should pay their expenses of debtors who were imprisoned and who could not genuinely support themselves while in prison. This was justified by saying that a prisoner who might not be able to feed himself would see his health deteriorate while in prison, it being understood that health matters are to take precedence over all other matters.⁴⁵

Prisoner's Friend or Lackey of the Authorities?

Having seen that health matters in Egyptian prisons, particularly during Ismā'īl's reign, were of paramount importance, one question appears to be central to understanding the role of doctors and health officials played in providing medical services for Egyptian prisoners: what was behind this "reform" movement and whose benefit did it have in mind? Although this is a difficult question and more research needs to be done to answer it, some preliminary remarks are mentioned below in an attempt to answer it.

Firstly, health matters were never far from the state's concern and, by the third quarter of the nineteenth century, Egypt had a complicated medical establishment that could be entrusted with safeguarding the health conditions of prisoners in addition to numerous other tasks with which it was entrusted. Founded in the late 1820s primarily to cater to Muḥammad 'Alī's large

connection to the state. For at least three generations, Egyptian doctors were primarily official employees working in state hospitals, public clinics or stationed in key government institutions, e.g. police stations in urban centres and in provincial headquarters in rural areas. Most of their duties were connected to matters of public health, although private medical practice was not ruled out. A closer look at the structure of the public health services would give one a good idea of the duties and responsibilities of these medical practitioners.

Put under the jurisdiction of the General Health Board in Alexandria (*Majlis 'umūm al-ṣiḥḥa*), the public health administration had been organised well enough by 1850 to care for the country's expanding health needs. Every province had a chief physician (*ḥakimbāshī*), assisted by a deputy physician (*ḥakimthānī*) and a chief nurse (*bāshṭunārjī*), all of them Europeans. Assisting these senior officials were Egyptian doctors assigned to the provincial hospitals, a deputy pharmacist, and numerous district physicians who made the actual rounds on the towns and villages; their number varied according to the size of the province. In addition to this, a woman physician (*ḥakima*) was also assigned to each province. The numerous barbers and midwives in the rural areas were all registered in the district registers; their duties were closely supervised: the barbers were supervised by the *ḥakimbāshīs* and the midwives by the *ḥakimas*.⁴⁷

Urban centres were also closely supervised. Each city had a chief physician assisted by a deputy physician, a chief pharmacist and numerous male and female physicians in the different quarters. Cairo, for example, had one chief physician who supervised ten male and ten female physicians for the ten quarters of the city (the eight *thumns* in addition to Būlāq and Old Cairo). Assisting these were twelve deputy physicians and ten orderlies for the chief physician.

The duties of these men and women were wide-ranging. Besides the obvious duties of treating the sick and attending patients in the hospitals, these health officials were also in charge of conducting a vaccination program for all children throughout Egypt against smallpox (a program that seems to have been quite successful), imposing strict quarantine regulations during epidemics (especially during cholera and plague epidemics) and overseeing all sanitary operations that would guarantee the removal of every cause of ill health including street cleaning, garbage collection, refuse disposal and the filling in of marshes and ponds. All persons engaged in any commercial activities that might have a connection to public health were closely supervised: bakers, butchers, food vendors, druggists and herbalists; slaughterhouses were also supervised. Most impressive of all was the stipulation that all new-born babies and all deaths were to be recorded daily by

the male and female physicians, by the barbers and the midwives and by the undertakers.⁴⁸ A general health blueprint issued in 1872 reiterated a previous order that corpses were to be buried outside the cities only after they had been examined by a physician. The physician was to issue a burial certificate with mention of the name, sex and age of the deceased, the cause of death, the name of the doctor who had treated the deceased, the name of the pharmacy from which he or she might have obtained any medicine as well as any suspicious signs detected on the body.⁴⁹

In addition, right from its inception, the sanitary administration of Egypt assumed important police functions, especially in the urban centres. Street cleansing, health inspection and garbage removal were all functions of the police force. The General Sanitary Bureau of Cairo (*Mahall idārat al-ṣiḥḥa al-'umūmī*) in Azbakiyya was guarded by five military non-commissioned officers and five foot soldiers. Physicians staffing the public clinics in the ten quarters of Cairo were accompanied on their daily rounds by a total of thirty soldiers.⁵⁰ It appears that these free public clinics were physically located in the police station of the quarter (*zabṭiyyat al-thumn*).⁵¹ Most importantly, it was the duty of the resident physician of the quarter (*ḥakim al-thumn*), after having attended to those who had been wounded whether in a street accident or in a fight, to escort the patient afterward to the police station for the case to be investigated there.⁵²

By the early 1850s, then, the close connection between medicine and the law was firmly established. The medical establishment had developed enough to undertake the crucial legal role which it subsequently played. Indeed, the connection between medicine and law was an intimate one easily detected not only in everyday practice, but also at the level of academic training. Both Qaṣr al-'Ayni Medical School (founded in 1827) and the School of Midwives (founded in 1832) helped to prepare male and female doctors, not only to practise their profession but also to provide information to the courts on the material facts of crime and threats to public health. As argued elsewhere,⁵³ some of the most important legal functions that these doctors performed was conducting external post-mortem examination, a task that the male doctors had also been well prepared to perform since dissection had been an important part of the curriculum of the Medical School and had been practiced right from the inception of medical teaching there.⁵⁴

The second thing to note is that providing health services to prisons all over Egypt was made necessary by the ever expanding prison population and was not simply the result of this or that enlightened official's mind. For as is well known, there was a gradual but perceptible shift throughout the nineteenth century away from flogging, impaling, hanging and beheading; instead, nineteenth-century Egyptian criminal legislators were resorting more

and more to imprisonment. Punishment by flogging was officially banned under Sa'id in 1862 to be replaced by imprisonment.⁵⁵ In addition, there was a quick increase in the overall population during the second half of the nineteenth century. In Alexandria and, to a lesser degree, in Cairo, there was a rapid rise in the number of foreigners, all of this leading to serious social friction and an increase in crime levels. As a result, there was a remarkable expansion in the prison population, something that required close medical scrutiny lest these places of internment become locales of festering diseases and miasmas. By interning those deviant elements which might prove dangerous to society at large and given the acute concern about disease and epidemics, the state possessed thereby an efficient apparatus to use in order to ensure that its prisons did not end up being a source of infection to this very same society that it aimed to protect.

notes

1. Paton, 1863, II, 84.
2. Clot Bey, 1841, 377-378.
3. Sandwith, 1901, 3.
4. *Ibid.*, 4.
5. *Ibid.*, 16.
6. Lord Cromer, 1915, I, 527-529.
7. *Ibid.*, 861.
8. al-Rashidi, 1840, 3-4.
9. Sami, 1828, II, 'Aṣr Muḥammad 'Alī, 525, letter dated 10 Ṣafar 1259/12 March, 1843.
10. Quoted in Mellwraith, 1899, 540-555.
11. *Ibid.*, 553.
12. The literature on British prisons in the nineteenth century is predictably impressive. However, I have found the following specifically useful: Sim, 1990; Creese, Bynum and Bearn, 1995, especially the articles by Porter, 1995; Hardy, 1995.
13. *Al-Mithi* Box no. 1, order no. 43 on 25 Rabi' I 1260/15 April 1844.
14. *Ma'iyya Turkī*: S/1/62/10 (old no. 537), order no. 106, 53 on 30 Dhū 'l-Hijja 1281/26 May 1865.
15. See the numerous petitions presented to Muḥammad 'Alī to release men from there: *Ma'iyya Turkī*, S/1/49/4 (old no. 27), docs. no. 150, 178, 249, 360, 362 all in Rabi' I and Rabi' II 1242/ October-November 1826; see also *Diwān Khidiwī*: S/2/40/1 (old no. 736), doc. no. 162, 35 on 2 Dhū 'l-Qa'da 1242/28 May 1827 and *ibid.*, doc. no. 138, p. 15 on 14 Dhū 'l-Hijja 1242/9 July 1827, for examples of orders by Muḥammad 'Alī to imprison public officials there.
16. Those to be detained for longer periods were to be sent to the *Zabtīyya*, guarded by sentries sent from the nearby Gammāliyya Police Station: *Diwān al-Khuyūṣī*: S/1/18/13 (old no. 75), order no. 8, 12 on 17 Sha'bān 1285/3 December 1868.
17. There are various court sentences to that effect. See, in particular, though, the 1858 order of *Majlis al-Ahkām* stipulating that women should be detained there with no labour while their cases were pending: *Majlis al-Ahkām*, S/7/33/1, 234 on 19 Jumādā II 1274/5 February 1858.
18. *Ma'iyya 'Arabī*: S/1/1/15 (old no. 1894), order no. 65, p. 125 on 23 Shawwāl 1277/4 May 1861. The Khedive approved the request.

19. *Ma'yya 'Arabi*: S/1/1/24 (old no. 1907), order no. 12, 47 on 28 Jumādā I, 1280/11 November 1863. The cost of preparing this stable for prison use was 11.904 piasters.
20. *Diwān Khidiwī*: S/2/41/2 (old no. 741), doc. no. 300 on 28 Rabi' I 1244/9 October 1828.
21. *Diwān Katkhudā, Taftish Shīhat Miṣr, Šādīr Taftish*: M/5/1 (old no. 163), docs. no. 47, 21 on 19 Muḥarram 1267/24 November 1850 and no. 128, 62 on 4 Jumādā I 1267/7 March 1851.
22. *Diwān Katkhudā, Shīhat Miṣr, Šādīr Taftish*: M/5/1 (old no. 163), doc. no. 142, 63 on 4 Jumādā I 1267/7 March 1851.
23. *Muḥafazat Miṣr, Taftish Shīhat Miṣr, Šādīr Taftish*: L/1/5/1 (old no. 183), doc. no. 50, 58 on 17 Jumādā I 1276/14 October 1859.
24. *Diwān Khidiwī*: S/2/7/1 (old no. 729), doc. no. 703, 109 on 6 Šafar 1244/18 August 1828.
25. *Diwān Khidiwī*: S/2/40/1 (old no. 736), doc. no. 4, 1 on 28 Shawwāl 1242/26 May 1827. On those days when workers were chained together, they would not receive their daily wages; they would be entitled only to their food rations.
26. *Zabṭiyyat Miṣr*: L/2/5/6 (old no. 23), doc. no. 13, 21 on 27 Shawwāl 1262/19 October 1846; *Ma'yya 'Arabi*: S/1/1/30 (old no. 1915), order no. 4, 7 on 4 Jumādā I 1282/25 September 1865.
27. See, for example, *Kanun-u Seferiye* [Campaign Regulations] in Turkish, Cairo, Būlāq, Ramaḍān 1258 AH/October 1842 AD; and *Qanūn al-Dākhiliyya* [Regulations for Barracks and Camps], Cairo, Maṭba'at Diwān al-Jihādīyya, 1250 AH/1834-1835 AD.
28. See, for example, the horrible case of the private Hasan who was beaten by his captain, Khālīd Effendi, of the Qaṣr al-Nil Barracks in which Hasan eventually died of the wounds that he received while being tied to a tent post: *Muḥafazat Miṣr*: L/1/20/8 (old no. 1108), case no. 10, 171-172 on 7 Šafar 1279/4 August 1862. See also the case of another private, Hilāl Bishāra, who spent more than fifteen months in the hospital to be treated from wounds that he received after having been beaten by his major, wounds which were not helped by the shackles put around his ankles: *Diwān al-Jihādīyya, Daftar Qayd al-Madhābit bi-Majlis al-'Askariyya*, Sijill no. 2538, case no. 27, 46-49 on 9 Šafar 1294/23 February 1877.
29. *Diwān al-Jihādīyya, Šādīr Manṣūrat al-Tibb, Sijill* no. 444, doc. no. 43, p. 8 on 8 Rajab 1273/3 March 1857. In another letter, Clot recommended that the windows of the imprisoned patients in the Qaṣr al-'Ayni Hospital be built with a slope to prevent the prisoners from climbing on them to escape or to receive contraband from outside the hospital; *ibid.*, doc. no. 125, 24 on 15 Dhū 'l-Qa'da 1273/8 July 1857.
30. Hardy, 1995, 64, quoting Sim, 1990, 34 and Ignatieff, 1978.
31. See, for example, the case of Fattūma bint 'Adawī who used to live in Suez. She came to Cairo to pass on some money from her father and a

- neighbour of hers to her brother and her brother-in-law who were imprisoned in the *Zabṭiyya*. While waiting in front of the jail to give the prisoners some bread, she discovered that her money had been stolen: *Zabṭiyyat Miṣr*: L/2/6/2 (old no. 2028), case no. 99, 1-2 on 24 Ramaḍān 1294/3 October 1877.
32. See, for example, the long and very interesting case of the three Greek subjects arrested and detained in the *Zabṭiyya* of Cairo for the murder of Andrawus al-Zahhār: *ibid.*, case no. 194, 130-154 on 19 Dhū 'l-Qa'da 1294/25 November 1877.
33. There are various orders to this effect: *Majlis al-Ahkām*: S/7/33/1, order from *Majlis Mulkiyya*, 234, dated 10 Ramaḍān 1252/19 December 1836; *ibid.*, order from *Majlis al-Ahkām*, 233, dated 19 Ramaḍān 1266/29 July 1850; *Ma'yya 'Arabi*: S/1/1/23 (old no. 1902), order no. 2, 11 on 11 Ramaḍān 1279/2 March 1863.
34. It seems, moreover, that most jails lacked latrines which prompted officials to recommend building them long after the jails themselves had been founded. See, for example, Ismā'il's order based on the recommendation of *Majlis al-Khuṣūṣi* to build latrines for twelve of Cairo's local prisons, the *qara-qals*: *Diwān al-Dākhiliyya, sijill* no. 1317, order no. 109, 28 on 20 Muḥarram 1287/22 April, 1870.
35. *Dākhiliyya, Mukātabā 'Arabi*, box, no. 12, doc. no. 12, dated 13 Shawwāl 1290/4 December 1873. See also the letter from *Zabṭiyyat Miṣr* to the Municipality requesting a new mule to transport water to the *Zabṭiyya* since "it is no longer possible to delay delivering water to the prisoners": *Zabṭiyyat Miṣr*, L/2/1/12 (old no. 565), doc., no. 52, p. 22 on 22 Rabi' I 1279/18 September 1862 and the decree of *Majlis al-Khuṣūṣi* approving the appointment of a special water-carrier to deliver water to the *iplihāne* in Būlāq: *Majlis al-Khuṣūṣi sijill* no. 33, decree no. 30, 140 on 16 Sha'bān 1290/10 October 1873.
36. *Majlis al-Ahkām*, S/7/33/1, 233 on 2 Jumādā II 1250/8 August 1834.
37. *Ibid.*, 334 on 15 Rajab 1265/7 June 1849.
38. *Majlis al-Ahkām*, box no. 1, doc. no. 89 on 16 Sha'bān 1265/5 July 1849.
39. *Ibid.*, 233 on 19 Ramaḍān 1266/25 July 1850.
40. See, for example, *Ma'yya 'Arabi*: S/1/1/15 (old no. 1894), order no. 4, 20 on 8 Jumādā I 1277/22 November 1860.
41. *Ibid.*, order no. 24, 65 on 19 Jumādā II 1277/3 January 1861.
42. Order dated 6 Shawwāl 1279/27 March 1863, quoted in *Ma'yya 'Arabi*, S/1/1/25 (old no. 1910), order no. 1, 1 on 28 Rabi' I 1280/13 September 1863.
43. *Idem*.
44. *Ma'yya 'Arabi*, S/1/1/25 (old no. 1910), order no. 15, 56 on 23 Sha'bān 1280/3 February 1864.
45. *Majlis Khuṣūṣi* S/11/8/13 (old no. 75), decree no. 32, p. 47 on 5 Dhū 'l-Qa'da 1285/17 February 1869.

46. See Fahmy, 1997, chapter 5, "Behind the lines: Daily life in the camps".
47. Information in this and the following two paragraphs is based on LaVerne, 1990, appendices 1 and 2, 167-77.
48. For an idea of how meticulous the authorities were in recording this data, see the numerous death registers of Cairo (apparently compiled from information supplied by the undertakers and not by the health officers), *Bayt al-Mal, Dafatir Qayd al-Awwat*, G/2/1/1, covering the period 1844-1880.
49. There are various letters and correspondences about this delicate matter: see, in particular, the health blueprint put down by Drs. Burguiers, Colocci and Martini to revise the health administration of Cairo; *Diwan al-Dakhlīyya*, reg. 1320 (*Dafatir Qayd al-Awwat*), Khedival order no. 35, 9-11 on 16 Shawwāl 1289/17 December 1872. See also Mubārak, 1980, I, 217.
50. See the Khedival Order mentioned in note 17 above. See also *Diwan Khidiwī, Awāmīr*, carton 2, doc. with no number dated 3 Sha'bān 1282/22 December 1865, in which the number of soldiers assigned for the Department of Health Inspection is put at forty.
51. *Muhāfazat Miṣr*, reg. L/1/5/13 (old no. 213), order no. 21, 114 on 19 Shawwāl 1287/13 January 1871.
52. *Muhāfazat Miṣr*, reg. L/1/5/2 (old no. 185), order no. 58, 140 on 4 Safar 1278/11 August 1861.
53. Fahmy, 1999, 224-271.
54. Clot, 1949, 70-73. For a diagram of the first anatomy lesson conducted on an open cadaver, see Sandwith, 1901.
55. *Muhāfazat Miṣr*, L/1/20/8 (old no. 1108), decree no. 3, 71-73 on 11 Sha'bān 1278/ 11 February 1862.

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